Weaning Guideline Opioid/Benzodiazepine

Opioid/benzodiazepine therapy ≤3 days

No taper necessary

Opioid/benzodiazepine therapy 4-7 days

Order WAT score and consider the following:
Wean opioid by 10% of original dose Q8 hr until off

- If WAT score ≥3, hold wean step and consider rescue dose of opioid, then slow wean to Q12 hr

Wean benzodiazepine by 20% of original dose Q12 hr until off

- If WAT score ≥3, hold wean step and consider rescue dose of benzodiazepine, then slow wean to Q24 hr

Continue to monitor for symptoms of withdrawal once off continuous infusions

- If WAT score ≥3 and assessment consistent with withdrawal, give morphine 0.05-0.1 mg/kg (Max 4 mg) IV x1; reassess WAT score in 1 hr
- If WAT score ≥3 and assessment consistent with withdrawal, give lorazepam 0.05-0.1 mg/kg (Max 2 mg) IV x1; reassess WAT score in 1 hr
- If patient requiring greater than 3 rescue doses of morphine and/or lorazepam in a 12 hr period, consult pharmacy
  - "Wean off Analgesia or Sedation Meds Pharmacy Consult"

**Physician may choose higher WAT score if patient has a condition such as baseline hypertonia*

Opioid/benzodiazepine therapy ≥7 days

Consult Pharmacy – "Wean off Analgesia or Sedation Meds Pharmacy Consult"

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Dexmedetomidine (Precedex®) Weaning Guideline

Length of time on dexmedetomidine drip

<24 hours	2-4 days	≥ 5 days
No Wean	Wean DEX infusion 20% Q6-8 hr	Wean DEX infusion 10% Q8-12 hr and initiate PO clonidine

WAT score should be assessed Q12 hr when weaning

If WAT score is ≥3 x2, go back to previous dose and do not wean for at least 24 hours. May adjust dose up to max 5 mcg/kg/dose.

For more info on WAT scoring, visit CHOA Policy 2.39

If over sedation occurs → advance to next weaning dose

Clonidine PO Wean

- Initial dose: 2-3 mcg/kg/dose Q6 hr (Max 5 mcg/kg/dose or 200mcg/dose)
- If WAT > 4 x2, give breakthrough clonidine 2 mcg/kg x1

Titration:

- Day 1: Continue initial clonidine dose
- Day 2-4: Wean clonidine frequency to Q8 hr
- Every 1-3 days wean clonidine frequency to Q12 hr, followed by Q24 hr

- Discontinue once interval is at Q24 hr x 24 hr

  (ex. 2mcg/kg/dose Q8 hr x 24 hr, then Q12 hr x 24 hr, then Q24 hr x 24 hr then discontinue)

Consider clonidine patch if patient is unable to tolerate PO medication

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